



Manchester Health Department
1528 Elm Street
Manchester, NH 03101
Tel: (603) 624-6466 / Fax: (603) 628-6004

DAY CARE FACILITY REQUEST FOR INSPECTION

Name of Facility: _____

Address: _____ Telephone: _____

Owner: _____ Home
Telephone: _____

Type of facility: (Please check one)

☐ Family Day Care: (\leq than 6 children)\$30.00

☐ All other types of child care facilities with ($>$ than 6 children)\$50.00

Number of children: _____ New License: _____ Renewal: _____

Signature: _____ Date: _____

Facilities which hold a valid Class III Food Establishment Permit from the Manchester Health Department are exempt from this inspection fee.

PAYMENT MUST ACCOMPANY THIS REQUEST FOR INSPECTION.